

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Weekly Bulletin



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GUY P. JONES
EDITOR

*Selvatic Plague**

By W. E. COPPEDGE, M.D., Modoc County Health Officer, Alturas

(Synonyms: Bubonic Plague, Black Death, and Pestis.)

The history of epidemic diseases has no more terrifying chapter than that of plague.

It has been known as plague since the second century of our era. During the centuries it has swept over large areas of the civilized world, its scope and mortality being often so great that all forms of human activity were temporarily paralyzed.

The Black Death which swept over Europe during the fourteenth century killed about twenty-five million people.

In 1893, plague appeared in Hong Kong. It was during the epidemic which followed, that *Bacillus pestis*, the etiological factor of the disease, was discovered by Kitasato and Yersin.

In the autumn of 1900 two cases of plague were brought to the New York Harbor, and on March 6, 1900, it appeared in the Chinese quarters of San Francisco, where twenty-six cases were officially reported. The place of entry for this disease appears to have been Port Costa, where an Oriental ship with infected rats aboard touched, and some of the rats escaped to mingle with native rats and ground squirrels, and the flea exchange appears to have taken place.

As health officers, we are more concerned with ways and means of prevention, rather than a detailed discussion of minor factors which are purposely omitted.

BIOLOGICAL CONSIDERATIONS

Bacillus pestis is aerobic. Outside of the animal body the bacilli may retain viability for months and even years if preserved in the dark and in a moist environment. In cadavers they may live for weeks and months, if protected from dryness.

In pus or sputum from patients they live from eight to fourteen days. These facts are of the greatest hygienic importance.

In this connection, it is well to say that the revival of plague is the most important fact in modern epidemiology.

The people of California in particular, and of the United States in general, are face to face with this ancient and most terrible enemy of life.

From San Joaquin County on the south, to Modoc County on the northern boundary of this state, and Lake County, Oregon, represents the territory now known to be in the possession of the enemy.

Well may we be alarmed to discover this vast domain, with its human and rodent population as

*Read before Health Officers' Section, League of California Municipalities, San Francisco, September 25, 1935.

victims and possible victims. Aside from dead rodents, one human death occurred last autumn in Lake County, Oregon, which was positively proven to have been caused by plague.

PROPHYLAXIS

Where plague exists, an organized staff, an intelligent policy and a long purse are needed. The problem of prophylaxis looks hopeless without a specially trained service, liberally supplied with money to enable it to carry on.

If we presume that the preventive measures heretofore in use by our State Department of Health, have not been good enough, then better control measures must be found. The methods now in use in Modoc County, and elsewhere, are under the direct supervision of the State Department of Health in collaboration with the county authorities, U. S. Biological Survey, and U. S. Public Health Service.

A war of extermination directed against the rodent family has been initiated, shooting and poisoning being the chief weapons. An intensive campaign conducted over a radius of five miles around towns and schools was carried out during the past season. Owing to the habits of our local ground squirrels, the war has ceased, they having gone into quarters underground for the winter hibernation, where they will harbor the plague organism and come forth next February or March. But other carriers of the disease will remain on duty the year around; field mice, pack or woodrat, dogs, cats, rabbits, birds of prey, men, women and children while traveling, may carry an infested human flea, as well as a rat flea which may also harbor the disease. Last, but not least, is the possibility of cosmic dust as a potential carrier. Experiments made by aviators show that sterile test tubes, when opened at altitudes up to 18,000 feet and more, are carrying various disease germs as passengers.

If other diseases are thus carried, why not that of plague? True, it is alleged that they die in four or five hours when exposed to sunlight, but it is easy to imagine wind and weather conditions that would permit a landing where hosts are in waiting. This possibility is mentioned merely to emphasize the fact, that rodent and flea destruction must be intensified to the end that there will be less and less infected dust and other ways and means of transmission of plague. It seems quite possible that plague could have reached Modoc County by way of the dog route. Hundreds of hunters make annual pilgrimages to this county to hunt our lordly mule-tailed deer, many of them bringing dogs to aid in running down wounded animals. It is easy to suspect that infected fleas may be liberated from dogs which in turn infect local rodents.

This age old problem calls for our most serious consideration. How can it be solved? By closing every avenue of transmission. We must know our enemy better, and present a solid front by cooperative effort, supported by every governmental agency, from the greatest to the least. Nothing less will win the battle.

It is known, that under favorable conditions, the plague bacillus can and does live for ten years, and this is food for your thoughts.

It is an established fact, that the plague organism is unusually persistent: that it has the ability to go into a quasi latent stage, and remain virulent for years. This alone, is of very great importance, in connection with the problem of prevention.

DIAGNOSIS

As physicians and health officers, it is our duty to be familiar with all of the signs and symptoms of plague in animals as well as man. Eternal vigilance should be our watchword. Always remember, and never forget, when called to see patients, that you may be dealing with plague; particularly so, if the case is one of sudden illness.

Your diagnosis, based on clinical findings, must be made certain by identification of plague bacilli in smears from material aspirated from buboes; or, in case of suspected pneumonic plague, in smears from the sputum. An absolute diagnosis may depend upon blood cultures and animal inoculation.

TREATMENT

In a disease the mortality of which may reach as high as 80 or 90 per cent the question resolves itself into making the patient as comfortable as possible, following general principles that guide us in treating fever cases.

S. R. Gardiner, English History for Young Folks, 1881, wrote the following: "When any man caught the plague the doctors did not know how to do anything for him. A red cross was painted on the door of his house, and the words, 'The Lord have mercy upon us!' were written above it."

The modern host of remedies avail little or nothing in treating this disease, and surely, the truth of the old saying that an ounce of prevention is worth a pound of cure applies here with great force, and points directly to the ultimate solution of this great problem.

Borrowed and compiled from:

- Osler and McRea.
- Stevens Practice of Medicine.
- Hiss and Zinsser.
- Anders Practice of Medicine.
- Cecils Practice of Medicine.
- Funk and Wagnalls Dictionary.

MORBIDITY REPORTS NOT PUBLIC RECORDS

Both official and unofficial organizations frequently call upon the State Department of Public Health for personal information relative to cases of communicable disease that have been reported in individuals throughout the state. In order that authority for issuing such information might be established, the Attorney General has been requested to present an opinion to cover this subject. He has determined that neither any public or private agency is entitled to any information concerning individually-named persons which is furnished to the State Department of Public Health under Section 2979a of the Political Code and Section 16 of the Public Health Act.

Following is an abstract of the opinion referred to:

"Section 2979 of the Political Code provides that the State Board of Public Health may publish statistics relative to numbers of cases of communicable diseases, and such further comparative statistics and information as may be deemed of value to scientists, the medical profession, the general public, and of aid in the maintenance of good health conditions. The section is permissible only, subject to the limitations above noted, and contains no language which would indicate that the board has authority to supply to any one information concerning individuals.

Section 16 of the Public Health Act (Stats. 1907, p. 893, as amended) requires certain named persons, among them being physicians, to report the illness of any person of any infectious, contagious or communicable disease. It is required that this information be reported to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and the place where such person is confined, and the nature of the disease, if known.

Section 11 of the Public Health Act requires county health officers, etc., to report in writing to the State Board of Health at certain specified times, information they have secured concerning infectious, contagious and communicable diseases coming to the formers' knowledge. Section 13 subjects local health officers to the rules, regulations and orders of the State Board of Health, or its secretary, and it is my understanding that reports concerning the diseases enumerated in such section are made pursuant to either regulations or orders of the State Board of Health, or its secretary, respectively, and under Section 2979a which is the statutory counterpart of Section 16 of the Public Health Act.

A careful reading of the sections referred to fails to intimate that it is the duty of any health officer to supply information to members of any private or state agency. In fact, Section 2979a distinctly provides that official records of tuberculosis cases shall be for official use only and not open to public inspection. The latter portion of this section permits the State Board of Health, or its secretary, to take necessary measures to prevent the spread of such contagion, but this power is more commensurate with the right to quarantine than it is with the right to dis-

close information secured by either the State Board of Health or the Department of Public Health.

Reports furnished to you are not public records unless so declared by statute, or unless at least, a statute authorizes the publication of the matter therein contained. Section 2979 of the Political Code contemplates the publication of statistics only and it has already been adjudicated in this State that not every record is public because of the fact it is filed with a public agency.

Colnon vs. Orr, 71 Cal. 43.

You are, therefore, advised that you are not required to furnish information contained in morbidity reports concerning individuals to any state or private agency, even though such reports relate to diseases other than tuberculosis.

You also refer to the request of private agencies for names of persons afflicted with certain infectious diseases. These agencies, you point out, desire to solicit from such persons blood to be used in a serum for scientific purposes.

What has been hereinbefore stated is applicable to this situation as well. While it may well be that the furnishing of the names and addresses of these persons would be an advantage in the preparation of serums for use in the treatment of other diseases, the Legislature has made no provision for the supplying of this information.

While Section 1881 of the Code of Civil Procedure does not deal with the subject of reports required by law to be made to the State Board of Public Health, it does state,

'There are particular relations in which it is the policy of the law to encourage confidence and to preserve it inviolate;'

and thereafter prohibits, except in certain stated instances, a licensed physician or surgeon from testifying in a civil action except with the consent of his patient. All such sections together would seem to indicate the intention of the Legislature was to permit reports concerning individuals to be made to the State Board of Public Health for possible action by the board or its secretary with respect to an individual case. Certainly the sections can not be said to contemplate that any company or state agency might indirectly secure through the board information which a physician is prohibited from disclosing except with the consent of his patient.

This does not mean that you could not advise private or public agencies the names of physicians handling certain types of cases (as for example, poliomyelitis), but it would seem to be incumbent upon such physicians to secure the consent of a patient before they could disclose to such agencies the patient's name. There would likewise seem to be power in the board in proper instances to ascertain from the physician in attendance whether it might directly contact the patient to learn if the patient objected to giving blood for a serum either to the State or any public or private agency.

Very truly yours,

U. S. WEBB, Attorney General.

By Lionel Browne, Deputy."

MORBIDITY**Complete Reports for Following Diseases for Week Ending
January 18, 1936****Chickenpox**

716 cases: Alameda County 2, Alameda 6, Berkeley 10, Hayward 1, Oakland 31, Piedmont 1, Butte County 1, Gridley 1, Contra Costa County 3, Pittsburg 5, Placerville 2, Fresno County 13, Fresno 7, Humboldt County 3, Kern County 8, Kings County 2, Los Angeles County 28, Alhambra 11, Burbank 8, Covina 4, Culver City 1, Glendale 5, Glendale 2, Huntington Park 12, Long Beach 1, Los Angeles 54, Montebello 4, Pasadena 8, Pomona 1, Redondo 1, Santa Monica 10, South Pasadena 2, Whittier 5, Torrance 3, South Gate 4, Madera 5, Mendocino County 1, Merced County 1, Merced 16, Monterey County 1, Soledad 1, Nevada County 1, Orange County 23, Anaheim 1, Fullerton 3, Orange 2, Santa Ana 17, Riverside County 8, Beaumont 2, Riverside 9, Sacramento County 1, Sacramento 34, Ontario 1, San Bernardino 1, San Diego County 11, Chula Vista 5, Coronado 1, Escondido 4, San Diego 31, San Francisco 79, San Joaquin County 23, Manteca 1, Stockton 73, Tracy 5, San Luis Obispo County 4, San Mateo County 2, Burlingame 1, Santa Barbara County 2, Santa Barbara 19, Santa Maria 2, Palo Alto 2, San Jose 3, Dunsmuir 2, Solano County 1, Sonoma County 6, Lindsay 1, Porterville 3, Ventura County 26, Santa Paula 8, Ventura 4, Yolo County 3, Woodland 4, Marysville 1, California 1.*

Diphtheria

62 cases: Alameda 1, Berkeley 1, Oakland 5, Fresno County 2, Imperial County 1, Kern County 1, Corcoran 1, Los Angeles County 7, Los Angeles 17, Mendocino County 1, Merced County 1, Sacramento County 2, Sacramento 2, San Bernardino 1, San Diego County 1, National City 1, San Francisco 2, Stockton 1, San Luis Obispo 1, San Jose 5, Santa Cruz 2, Sutter County 2, Oxnard 2, Yuba County 2.

German Measles

154 cases: Alameda County 7, Alameda 2, Albany 1, Berkeley 14, Hayward 7, Oakland 10, Amador County 1, Contra Costa County 14, Pinole 2, Fresno County 8, Humboldt County 2, Fortuna 1, Calixico 2, Lassen County 2, Arcadia 1, El Segundo 1, Glendale 1, Long Beach 9, Los Angeles 5, Manhattan 1, Pasadena 9, Maywood 1, Napa County 1, Orange County 3, Anaheim 1, Santa Ana 9, Placentia 3, Sacramento 2, San Diego County 2, National City 5, San Diego 1, San Francisco 21, San Mateo County 1, Palo Alto 3, Santa Rosa 1.

Influenza

94 cases: Berkeley 1, Oakland 1, Fresno County 2, Kern County 1, Lake County 3, Los Angeles County 8, Alhambra 2, Claremont 2, Glendale 2, Huntington Park 4, Long Beach 1, Los Angeles 31, Pasadena 2, Torrance 1, Monterey Park 1, Mendocino County 2, Anaheim 2, Sacramento County 1, San Diego 3, San Francisco 16, Vallejo 1, Santa Rosa 1, Ventura County 6.

Measles

947 cases: Alameda County 1, Alameda 1, Albany 2, Berkeley 26, Oakland 56, Piedmont 2, San Leandro 2, Amador County 3, Butte County 2, Gridley 1, Oroville 4, Colusa County 1, Colusa 1, Fresno County 13, Fresno 13, Calexico 1, Kern County 2, Bakersfield 1, Lake County 1, Los Angeles County 61, Beverly Hills 1, Claremont 1, Covina 5, Culver City 4, El Segundo 1, Glendale 4, Huntington Park 2, Inglewood 1, Long Beach 3, Los Angeles 96, Pasadena 14, Pomona 7, Santa Monica 1, South Pasadena 3, Lynwood 1, South Gate 6, Madera County 2, Madera 41, Marin County 2, Mill Valley 1, San Rafael 2, Yosemite National Park 1, Ukiah 1, Gustine 1, Merced 3, Monterey County 57, Carmel 3, Monterey 6, Salinas 10, Soledad 2, Newport Beach 1, Placerville 2, Placer County 1, Riverside County 16, Riverside 9, Sacramento County 1, Sacramento 12, Ontario 1, San Bernardino 1, San Diego County 1, San Diego 1, San Francisco 255, San Joaquin County 24, Manteca 6, Stockton 2, San Luis Obispo County 4, Burlingame 2, Daly City 5, South San Francisco 2, Santa Barbara County 14, Lompoc 4, Santa Maria 1, Santa Clara County 14, Mountain View 18, San Jose 6, Sunnyvale 7, Willow Glen 1, Santa Cruz 1, Siskiyou County 1, Solano County 1, Sonoma County 26, Santa Rosa 1, Sutter County 1, Ventura County 9, Fillmore 5, Yolo County 7, Davis 1, Winters 4, Woodland 3.

Mumps

471 cases: Berkeley 8, Oakland 36, Amador County 4, Butte County 1, Colusa County 7, Pinole 5, Fresno County 19, Fresno 12, Humboldt County 2, Kern County 14, Taft 1, Lake County 1, Lassen County 1, Los Angeles County 38, Alhambra 1, Claremont 13, Culver City 2, El Segundo 1, Glendale 2, Inglewood 1, La Verne 1, Long Beach 13, Los Angeles 34, Pasadena 2, Pomona 9, San Fernando 1, San Gabriel 2, Santa Monica 3, Sierra Madre 2, Lynwood 1, Monterey Park 1, Signal Hill 2, Mill Valley 1, San Rafael 1, Mendocino County 1, Salinas 2, Orange County 16, Anaheim 1, Santa Ana 7, Seal Beach 1, Riverside County 17, Beaumont 6, Corona 43, Riverside 9, Sacramento 28, Ontario 11, Redlands 1, San Diego County 6, San Diego 2, San Francisco 5, San Joaquin County 16, Stockton 20, Santa Barbara County 1, Santa Barbara 8, Santa Clara County 1, San Jose 4, Santa Cruz County 1, Watsonville 5, Sonoma County 1, Stanislaus County 1, Patterson 4, Sutter County 1, Red Bluff 2, Ventura County 3, Yolo County 2, Woodland 1, Yuba County 1, California 1.*

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Pneumonia (Lobar)

129 cases: Alameda 2, Butte County 1, Contra Costa County 3, Martinez 1, Fresno County 1, Kern County 1, Bakersfield 4, Los Angeles County 4, Alhambra 2, Burbank 1, Glendale 1, Glendora 1, Hermosa 1, Long Beach 3, Los Angeles 41, Manhattan 1, Pasadena 2, Whittier 1, Marin County 1, Alturas 1, Anaheim 2, Orange 1, Riverside County 3, Riverside 2, Sacramento County 2, Sacramento 2, San Bernardino 2, San Diego County 2, San Diego 4, San Francisco 24, Stockton 1, San Luis Obispo County 1, Paso Robles 1, Santa Barbara County 2, San Jose 1, Santa Cruz 1, Tulare County 2, Ventura County 3.

Scarlet Fever

408 cases: Alameda County 1, Berkeley 5, Oakland 3, Butte County 2, Gridley 1, Colusa 1, Contra Costa County 1, Pinole 1, El Cerrito 2, El Dorado County 3, Placerville 1, Fresno County 15, Fresno 4, Humboldt County 1, Eureka 2, Brawley 1, Kern County 2, Bakersfield 1, Kings County 2, Corcoran 1, Lassen County 1, Los Angeles County 19, Alhambra 7, Burbank 3, Glendale 5, Huntington Park 1, Long Beach 10, Los Angeles 79, Monrovia 1, Pasadena 6, Pomona 1, Santa Monica 1, Whittier 2, Lynwood 2, South Gate 2, Monterey Park 1, Signal Hill 1, Madera County 3, Ukiah 21, Alturas 1, Nevada County 1, Nevada City 2, Orange County 6, Anaheim 1, Orange 1, Santa Ana 1, Tustin 1, Placer County 1, Riverside County 13, Beaumont 1, Sacramento County 1, Sacramento 18, San Bernardino County 1, Colton 1, Redlands 2, San Bernardino 1, San Diego County 3, San Diego 22, San Francisco 56, San Joaquin County 1, Stockton 7, Tracy 1, Paso Robles 1, Burlingame 1, San Mateo 1, Santa Barbara 2, Santa Maria 2, Santa Clara County 2, San Jose 5, Santa Cruz County 2, Santa Cruz 1, Montague 1, Solano County 2, Sonoma County 2, Stanislaus County 2, Modesto 1, Oakdale 3, Tulare County 7, Ventura County 1, Ventura 5, Yolo County 1, Davis 2, Woodland 1, Marysville 4.

Smallpox

5 cases: Lassen County 3, Monterey County 1, California 1.*

Typhoid Fever

3 cases: Kern County 1, San Francisco 1, Redding 1.

Whooping Cough

195 cases: Alameda 1, Berkeley 5, Oakland 23, Imperial County 1, Kern County 6, Lassen County 8, Los Angeles County 13, Alhambra 1, Beverly Hills 1, Burbank 1, Glendale 1, Huntington Park 2, Long Beach 5, Los Angeles 9, Pasadena 1, Santa Monica 1, Maywood 1, Monterey County 1, Calistoga 1, Napa 1, Orange County 9, Fullerton 2, Riverside County 7, Riverside 3, Sacramento 7, San Bernardino 1, San Diego 11, San Francisco 28, Lodi 1, Stockton 4, Tracy 6, San Luis Obispo County 1, Arroyo Grande 6, Santa Barbara County 2, San Jose 7, Santa Cruz County 13, Santa Cruz 2, Watsonville 2.

Meningitis (Epidemic)

9 cases: Los Angeles County 1, Los Angeles 7, San Francisco 1.

Dysentery (Amoebic)

One case: San Francisco.

Ophthalmia Neonatorum

2 cases: Brawley 1, Monterey County 1.

Pellagra

2 cases: Los Angeles 1, Monterey County 1.

Poliomyelitis

One case: Butte County.

Tetanus

One case: Santa Maria.

Trachoma

2 cases: Maywood 1, Santa Barbara County 1.

Encephalitis (Epidemic)

2 cases: Santa Barbara.

Paratyphoid Fever

One case: Tulare County.

Trichinosis

One case: San Mateo County.

Food Poisoning

2 cases: Los Angeles

Undulant Fever

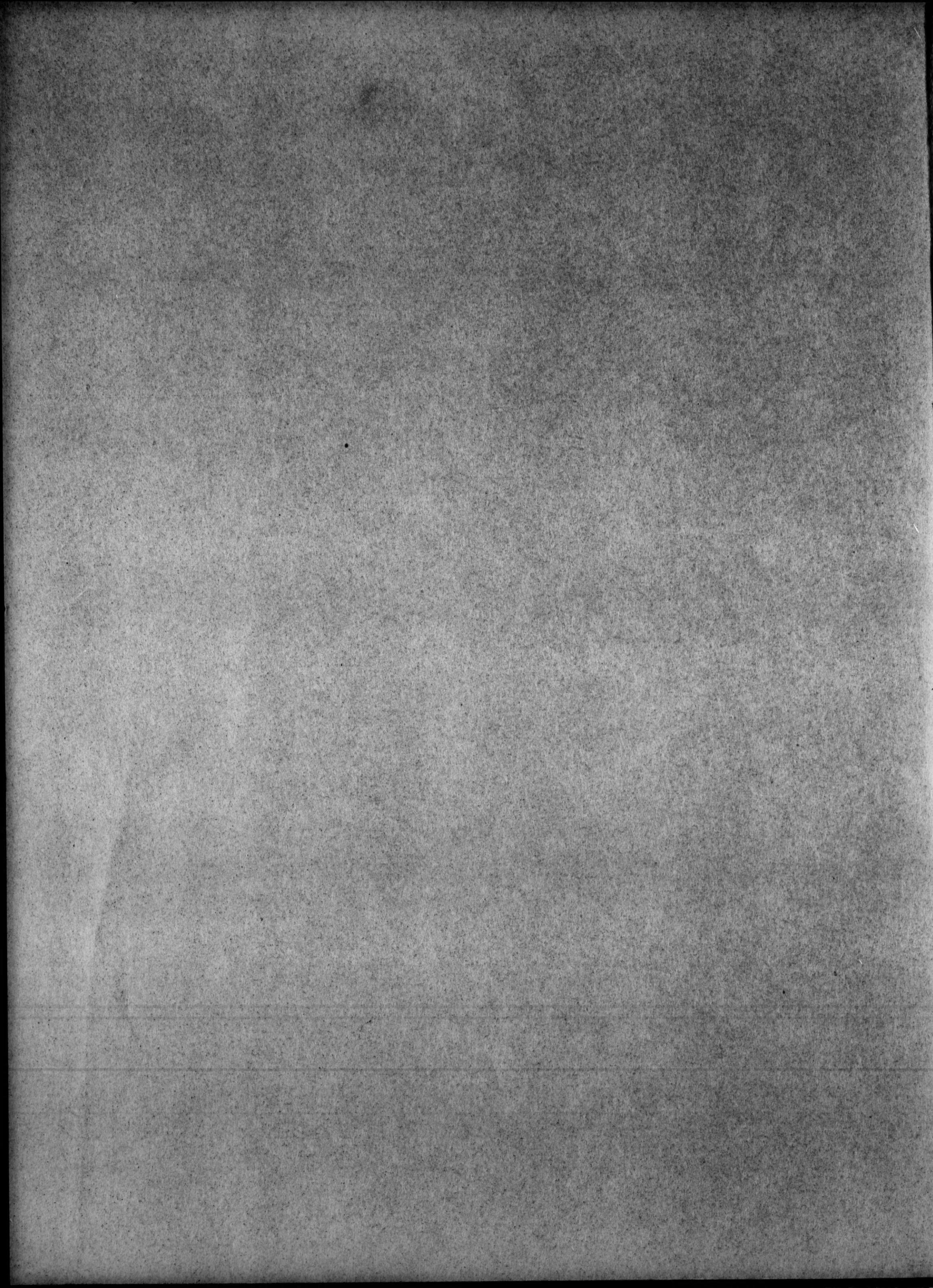
6 cases: Glendale 1, Merced County 1, Napa 1, San Mateo 1, South San Francisco 1, Santa Barbara 1.

Septic Sore Throat (Epidemic)

5 cases: Berkeley 1, Lake County 1, Riverside County 2, San Francisco 1.

Rabies (Animal)

24 cases: Beverly Hills 2, Compton 1, Los Angeles 20, San Bernardino 1.



Green
California, ~~State~~ Department of Public Health.

W. M. Dickie, M.D., Director

W E E K L Y B U L L E T I N

February 1, 1936 to January 23, 1937

Guy P. Jones
Editor

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